



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY
www.mass.gov/dos

Deleading Medical Clearance Letter

According to the Department of Labor Regulations 454 CMR 22.09, Medical requirements for Deleading, the following information must include:

1. A detailed work and medical history including personal habits, past gastrointestinal, hematologic, renal, cardiovascular, reproductive and neurological problems: ____ Done ____ Not Done
2. A thorough physical examination, with attention to teeth, gums, hematologic, gastrointestinal, renal, cardiovascular, neurological, and pulmonary systems: ____ Done ____ Not Done
3. A blood pressure measurement: ____ / ____
4. A blood sample which determines:
 - a. Blood lead level ____ * Date Drawn: ____
 - b. Zinc Porphyrin ____ * ←Must be drawn from same sample as BLL.
 - c. Hemoglobin & hematocrit determinations, red cell indices, examination of peripheral smear morphology, serum creatinine and Blood urea nitrogen: ____ Normal ____ Not Done
5. A routine urinalysis with microscopic examination: ____ Normal ____ Not Done
6. Any other laboratory or other test which the examining physician deems necessary by sound medical practice.

* THE RESULTS OF THESE TESTS MAY BE PROVIDED INDEPENDENTLY OF THIS MEDICAL EXAM.

Special Limitations

The patient (name) _____ is / is not (circle one) physically fit to use a respirator without restrictions.

The patient (name) _____ is / is not (circle one) medically fit to do deleading work.

I hereby certify the above medical requirements have been included as part of the medical exam

for _____ for the purpose of doing deleading work.
(Patient's Name)

Physician's Signature:
Print Physician's Name:
Physician's Address:
Physician's Telephone #:
Date of Exam: